

## **APPLICATION FOR VARIANCE**

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp bs comm\_code/



INSTRUCTIONS:	Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)			
1. APPLICANT IN	FORMATION (Person who would be in violation if variance is not granted; us.				
Name of applicant		Title			
Name of organization	MCollow	OWNE K Telephone number			
l , i	Owner	(765) 717 9898			
Address (number and	street, city, state, and ZIP code)		_		
110 1005 VIC 21. 1005 VIC 1005					
Name of applicant	TITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)			
Rick Name of organization	Morrison				
1 .	Morrrson street, city, state, and ZIP code)	Telephone number (3/7) 55/ 3224			
8 74 J	ennifer pr. Greenwood IN 46143	3			
	ESSIONAL OF RECORD (If applicable)				
Name of design profes	ssional	License number	•		
Name of organization		Telephone number			
		( )			
Address (number and	street, city, state, and ZIP code)	. `.			
4. PROJECT IDEN	ITIFICATION				
4. PROJECT IDEN Name of project  Ma TT		State project number County	·		
Name of project	STAIRS Stairs & Stair	State project number County  Amilton			
Name of project  MA-TT  Address of site (number)	STAIRS Stairs & Stairs & Side u	1916 Hamilton			
Name of project  Address of site (number 1050)  Type of project	STAIRS Stairs + Side u er and street, city, state, and ZIP code) Geist view OR McCordville IN 41	Hamilton Hamilton			
Name of project  Address of site (number 1050 0)  Type of project  New	STAIRS  STAIRS  STAIRS  STAIRS  STAIRS  STAIRS  F. Side w  OF Cordville IN 41  Addition Alteration Change of occupancy	1916 Hamilton			
Name of project  Address of site (number 1050)  Type of project  New  5. REQUIRED ADD	STAIRS Stairs + Side u er and street, city, state, and ZIP code) Geist view OR McCordville IN 41	Hamilton Hamilton			
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Name of project  Address of site (number 10 50 0)  Type of project  New  5. REQUIRED ADD  The following require  A check made	STAIRS  STAIRS	Hamilton  6055  Existing  Int. (see instructions)			
Name of project  Address of site (number 1050 0)  Type of project  New  5. REQUIRED ADDRESS THE following require A check made  One (1) set of	STAIRS  IN 41  Change of occupancy  DITIONAL INFORMATION  red information has been included with this application (check as applicable):  payable to the Indiana Department of Homeland Security for the appropriate amounts  STAIRS  IN 41  A 10	Existing  Int. (see instructions)  ested variance and any proposed alternatives.			
Name of project  Address of site (number 10 50 0)  Type of project  New  5. REQUIRED ADD  The following requir  A check made  One (1) set of  Written docum	STAIRS  er and street, city, state, and ZIP code)  GEIST VIEW DR McCordVIIP IN 41  Addition Alteration Change of occupancy  DITIONAL INFORMATION  red information has been included with this application (check as applicable):  payable to the Indiana Department of Homeland Security for the appropriate amount plans or drawings and supporting data that describe the area affected by the requestions.	Existing  Int. (see instructions)  ested variance and any proposed alternatives. ication.			
Name of project  Address of site (number 1050 0)  Type of project  New  5. REQUIRED ADD  The following requir  A check made  One (1) set of  Written docum  Written docum  6. VIOLATION INF	STAIRS  er and street, city, state, and ZIP code)  GeIST VIEW OR McCordVIIP IN 41  Addition Alteration Change of occupancy  DITIONAL INFORMATION  red information has been included with this application (check as applicable):  payable to the Indiana Department of Homeland Security for the appropriate amount plans or drawings and supporting data that describe the area affected by the requesentation showing that the local fire official has received a copy of the variance opposite on the company of the variance opposite of the company of the co	Existing  Int. (see instructions)  ested variance and any proposed alternatives. ication.			
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Name of project  Address of site (number 1053 D)  Type of project  New  5. REQUIRED ADD  The following require  A check made  One (1) set of  Written docum  Written docum  6. VIOLATION INF  Has the Plan Review S  Yes (If yes, att	STAIRS  er and street, city, state, and ZIP code)  GeIST VIEW DR McCardVIIP IN 4  Addition Alteration Change of occupancy  DITIONAL INFORMATION  red information has been included with this application (check as applicable):  payable to the Indiana Department of Homeland Security for the appropriate amount plans or drawings and supporting data that describe the area affected by the requestentation showing that the local fire official has received a copy of the variance application showing that the local building official has received a copy of the variance or or of the Division of Fire and Building Safety issued a Correction Order?  Fach a copy of the Correction Order.)  INDICATED	Existing  Int. (see instructions)  ested variance and any proposed alternatives. ication.			
Name of project  Address of site (number 1050 D)  Type of project  New  5. REQUIRED ADD  The following require  A check made  One (1) set of  Written docum  Written docum  Written docum  6. VIOLATION INF  Has the Plan Review S  Yes (If yes, att  Has a violation been is	STAIRS  er and street, city, state, and ZIP code)  GeIST View OR McCordVIIP IN 41  Addition Alteration Change of occupancy  DITIONAL INFORMATION  red information has been included with this application (check as applicable):  payable to the Indiana Department of Homeland Security for the appropriate amount plans or drawings and supporting data that describe the area affected by the requestentation showing that the local fire official has received a copy of the variance application showing that the local building official has received a copy of the variance or or the Division of Fire and Building Safety issued a Correction Order?  Stack a copy of the Correction Order.)  We No	Existing  Int. (see instructions)  ested variance and any proposed alternatives. ication.			
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7. DESCRIPTION OF REQUESTED VARIANCE					
Name of code or standard and edition involved 2005 / RC	Specific code section 3/1.56, 3	11,5,3,2 £312			
Nature of non-compliance (Include a description of spaces, equipment, etc.  All Step risers are 55 inches	involved as necessary.)  The Tread from use	we landing to the wext			
are all 24" except one is 18"	That is the proble.	m			
	,				
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND	WELFARE WILL BE PROTECTED				
Select one of the following statements:					
Non-compliance with the rule will not be adverse to the public	·				
Applicant will undertake alternative actions in lieu of compliar public health, safety, or welfare. Explain why alternative actions are public health, safety, or welfare.	nce with the rule to ensure that granting of one would be adequate (be specific).	the variance will not be adverse to			
Facts demonstrating that the above selected statement is true:  The Sidewalk + Steps ar	e all 53" rise 7	he Tread vary from			
The STORWARK + STEPS.	TIT fact is	t crostos a booard			
24 to 18 IN one spot	don't leet it	Liegies a nazaron			
24" to 18" IN one spot The Steps Flow Nicely a	, nud are user triend	Y. Owner is			
very happy with steps.		· ·			
,		,			
<ol><li>DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICAL Select at least one of the following statements:</li></ol>	LY SIGNIFICANT STRUCTURE				
Imposition of the rule would result in an undue hardship (unusu	ual difficulty) because of physical limitations	of the construction site or its utility services.			
Imposition of the rule would result in an undue hardship (unusu					
Imposition of the rule would result in an undue hardship (unusual	ual difficulty) because of excessive costs of a	additional or altered construction elements.			
Imposition of the rule would prevent the preservation of an arch					
Facts demonstrating that the above selected statement is true:  The yard is lawd scaped No	in on both sides o	f Steps and Sidewalk			
Alen it can not be corrected	without Tearing	716 bs and 71 yearding			
Also it can not be corrected without tearing steps and sidewalk; out. This would create a major inconveniece and hardship on ow Me					
OVI. THIS WORLD CHEWITE	9-1-10-03 10-10-10-10-10-10-10-10-10-10-10-10-10-1	•			
	• •	•			
10. STATEMENT OF ACCURACY	and the second of the second o	to a street for a section with the section of the street of the section of the se			
I hereby certify under penalty of perjury that the information	n contained in this application is accur	ate.			
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)			
Signature of design professional (if applicable)	Rick (Norrison) Please print name	Date of signature (month, day, year)			
NA		- "			
11. STATEMENT OF AWARENESS (If the application is subm	itted on the applicant's behalf, the appli	cant must sign the following statement.)			
I hereby certify under penalty of perjury that I am aware of this	request for variance and that this applic	cation is being submitted on my behalf.			
Signature of applicant	Please print name  COOODOO Mat 14	Date of signature (month, day, year)			
1411 1/7/1/1/1/1	I WELL CULT 19	10/10/1 / -/U-//			